

Section 5 — TOPICAL MODULES

Part A — CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS

| CHECK ITEM T1 | Refer to cc item 27. Is . . . the designated parent or guardian of children under 15 years of age who live in this household? | 8000 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T6, page 48 | | | | | | |
|---|--|---|---|-----------------|----------------|---|---|---|
| CHECK ITEM T2 | Is "Worked" marked on the ISS for . . . ? | 8002 1 <input type="checkbox"/> Yes — SKIP to Check Item T4 2 <input type="checkbox"/> No | | | | | | |
| CHECK ITEM T3 | Refer to section 1, item 30a, page 12. Was . . . enrolled in school during the reference period? | 8003 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T6, page 48 | | | | | | |
| CHECK ITEM T4 | <p>Refer to cc items 18, 19a, and 24.</p> <p>Enter person numbers, names, and ages of children under 15, who are household members, beginning with the youngest.</p> <p>Ask 1a—1f for youngest child and then repeat for second and third youngest child.</p> | <table border="1"> <thead> <tr> <th>YOUNGEST</th><th>SECOND YOUNGEST</th><th>THIRD YOUNGEST</th></tr> </thead> <tbody> <tr> <td> 8004 Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____ Age _____ </td><td> 8006 Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____ Age _____ </td><td> 8008 Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____ Age _____ </td></tr> </tbody> </table> | YOUNGEST | SECOND YOUNGEST | THIRD YOUNGEST | 8004 Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____ Age _____ | 8006 Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____ Age _____ | 8008 Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____ Age _____ |
| YOUNGEST | SECOND YOUNGEST | THIRD YOUNGEST | | | | | | |
| 8004 Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____ Age _____ | 8006 Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____ Age _____ | 8008 Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____ Age _____ | | | | | | |
| 1a. Now we have a few questions about how the children are cared for while . . . works (is in school). During (Last month) what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that . . . worked (was enrolled in school)? Mark the arrangement in which the child spent the most hours in a typical week. Mark (X) only one box. | 8010 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) 13 <input type="checkbox"/> Child not born as of last month } SKIP to next child or Check Item T6, page 48 14 <input type="checkbox"/> . . . did not work (not enrolled in school) last month } SKIP to Check Item T6, page 48 | 8012 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) 13 <input type="checkbox"/> Child not born as of last month } SKIP to next child or Check Item T6, page 48 | 8014 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) 13 <input type="checkbox"/> Child not born as of last month } SKIP to next child or Check Item T6, page 48 | | | | | |
| b. Where was (Name of child) usually cared for under this arrangement? | 8016 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place — Specify ↓ _____ | 8018 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place — Specify ↓ _____ | 8020 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place — Specify ↓ _____ | | | | | |
| c. Was (Name of child) usually cared for this way during all of the hours that . . . worked (was in school)? | 8022 1 <input type="checkbox"/> Yes — SKIP to next child or Check Item T5 2 <input type="checkbox"/> No | 8024 1 <input type="checkbox"/> Yes — SKIP to next child or Check Item T5 2 <input type="checkbox"/> No | 8026 1 <input type="checkbox"/> Yes — SKIP to Check Item T5 2 <input type="checkbox"/> No | | | | | |

Section 5 – TOPICAL MODULES (Continued)

Part A – CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS (Continued)

| | YOUNGEST | SECOND YOUNGEST | THIRD YOUNGEST |
|--|--|--|--|
| 1d. About how many hours per week was (Name of child) usually cared for under this arrangement while . . . was at work (in school)? | 8028 <input type="text"/> <input type="text"/> Hours | 8030 <input type="text"/> <input type="text"/> Hours | 8032 <input type="text"/> <input type="text"/> Hours |
| e. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that . . . worked (was in school)? Mark the arrangement in which the child spent the second most hours in a typical week. Mark (X) only one box. | 8034 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) SKIP to next child or Check Item T5 | 8036 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) SKIP to next child or Check Item T5 | 8038 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15 + 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) SKIP to Check Item T5 |
| f. Where was (Name of child) usually cared for under this other arrangement? | 8040 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – Specify <input type="text"/> | 8042 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – Specify <input type="text"/> | 8044 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – Specify <input type="text"/> |
| CHECK ITEM T5 Are any of the children cared for by a "Grandparent," "Other relative of child," "Nonrelative of child," "Day/Group care center," or "Nursery or preschool"? (Codes 4, 5, 6, 7, or 8 marked in 1a or 1e) | 8046 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T6, page 48 | | |
| 2a. Did . . . (or . . . 's family) usually pay (cash) for any of the child care that . . . 's children received? Include cost of preschool and nursery school; exclude cost of kindergarten, elementary or secondary school. | 8048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2c | | |
| b. In a typical week, how much did . . . (or . . . 's family) pay for child care (for all children receiving child care)? | 8050 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK | | |
| c. (Besides any cash payment) Did . . . pay for any child care through a noncash arrangement such as providing room and board or exchanging child care services? | 8052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK | | |
| 3. During the month of (last month) did . . . (or . . . 's spouse) lose any time from work (school) because the person who usually took care of the child (children) was not available? | 8054 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK | | |

TOPICAL MODULES

Section 5 — TOPICAL MODULES (Continued)

Part A — CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS (Continued)

| | | | |
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| CHECK ITEM T6 | Is . . . the female parent of children under 21 years of age who live in this household? | 8056 | <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to part B, page 50</i> |
| CHECK ITEM T7 | Is "Child Support Payments" (code 28) marked on the ISS? | 8058 | <input type="checkbox"/> Yes — <i>SKIP to 6a</i> <input type="checkbox"/> No |
| CHECK ITEM T8 | Refer to cc item 26a. What is . . . 's marital status? | 8060 | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Married, spouse present <input type="checkbox"/> Married, spouse absent <input type="checkbox"/> Widowed — <i>SKIP to part B, page 50</i> <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married </div> <div style="font-size: 3em; line-height: 1;">}</div> <div style="vertical-align: middle;"><i>SKIP to 5</i></div> </div> |
| ASK OR VERIFY — 4a. Has . . . ever been divorced? | | 8062 | <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to part B, page 50</i> |
| b. Does . . . have any children living here from a marriage that ended in divorce? | | 8064 | <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to part B, page 50</i> |
| 5. These next few questions concern child support. Have child support payments ever been agreed to or awarded for (any of) . . . 's children living here? | | 8066 | <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 7a</i> |
| 6a. Was . . . 's (most recent) child support agreement a voluntary written agreement, a court-ordered agreement, or something else? | | 8068 | <input type="checkbox"/> Voluntary written agreement <input type="checkbox"/> Court-ordered agreement <input type="checkbox"/> Other — <i>Specify</i> _____ |
| b. How were the payments to be received? Were they — (Read categories)? | | 8070 | <input type="checkbox"/> Directly from the father? <input type="checkbox"/> Through a court? <input type="checkbox"/> Through the welfare agency? <input type="checkbox"/> Some other method? |
| c. Which children living here were covered by that agreement? | | 8072 | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> All </div> <div style="text-align: center;">OR</div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div>Person No.</div> <div>Name</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;">8074</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;">8076</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;">8078</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> |
| d. Did the agreement specify joint custody of the children? | | 8080 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Does . . . know the current address of the father? | | 8082 | <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 6h</i> <input type="checkbox"/> Father deceased — <i>SKIP to 6j</i> |
| f. Does the father now live in this state? | | 8084 | <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 6h</i> |
| g. Does the father now live in this city or county? | | 8086 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ASK OR VERIFY — h. Is . . . still supposed to receive child support payments? | | 8088 | <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 7a</i> |
| i. How regularly are the child support payments received — would you say regularly, occasionally, seldom, or never? | | 8090 | <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never |

| Section 5 — TOPICAL MODULES (Continued) | |
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| Part A — CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS (Continued) | |
| 6j. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months? | <div>8092\$<div>00</div></div> <div>OR</div> <div>x1<input type="checkbox"/> DK</div> |
| k. What is the total amount that . . . actually received in child support payments during the past 12 months? | <div>8094\$<div>00</div></div> <div>OR</div> <div>x3<input type="checkbox"/> None</div> <div>OR</div> <div>x1<input type="checkbox"/> DK</div> |
| 7a. Has . . . ever contacted a child support enforcement office for aid in obtaining child support? | <div>8096</div> <div>1<input type="checkbox"/> Yes</div> <div>2<input type="checkbox"/> No — SKIP to part B, page 50</div> |
| b. Did . . . receive any help from that office? | <div>8098</div> <div>1<input type="checkbox"/> Yes</div> <div>2<input type="checkbox"/> No — SKIP to part B, page 50</div> |
| c. What type of help did the office provide? Mark (X) all that apply. | <div>8100</div> 1 <input type="checkbox"/> Locate the father |
| | <div>8102</div> 2 <input type="checkbox"/> Establish paternity |
| | <div>8104</div> 3 <input type="checkbox"/> Establish support obligation |
| | <div>8106</div> 4 <input type="checkbox"/> Enforce support order |
| | <div>8108</div> 5 <input type="checkbox"/> Obtain collection |
| | <div>8110</div> 6 <input type="checkbox"/> Other — Specify |
| NOTES | |

Section 5 — TOPICAL MODULES (Continued)

Part B — SUPPORT FOR NONHOUSEHOLD MEMBERS

| 1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of someone who did not live in . . . 's household? <i>(Include alimony or child support; do not include payments for a child who is away at school but who is considered part of the household. Do not include payments already reported by another household member.)</i> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8200</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T10</i> </div> | | | | |
|---|--|---|---|---|---|
| 2. Did . . . make regular payments, lump-sum payments, or both? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8202</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> Lump-sum 3 <input type="checkbox"/> Both </div> | | | | |
| 3a. Were any of these payments for the support of . . . 's child or children under 21 years of age? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8204</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4b</i> x1 <input type="checkbox"/> DK </div> | | | | |
| b. For how many children did . . . make support payments? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8206</div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Children x1 <input type="checkbox"/> DK </div> | | | | |
| c. How much did . . . pay in child support during the past 12 months? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8208</div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">00</div> x1 <input type="checkbox"/> DK </div> | | | | |
| 4a. During the past 12 months, did . . . make regular payments for the support of any other person not living in . . . 's household? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8210</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T10</i> </div> | | | | |
| b. For how many (other) persons did . . . make support payments? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8212</div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Persons x1 <input type="checkbox"/> DK </div> | | | | |
| ASK 4c—4e FOR THE FIRST TWO PERSONS MENTIONED c. How is this person related to . . . <i>Mark (X) only one box.</i> | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left; padding: 2px;">FIRST PERSON</th> <th style="width: 50%; text-align: left; padding: 2px;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8214</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative </div> </td> <td style="padding: 2px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8216</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative </div> </td> </tr> </tbody> </table> | FIRST PERSON | SECOND PERSON | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8214</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative </div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8216</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative </div> |
| FIRST PERSON | SECOND PERSON | | | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">8214</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative </div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8216</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelative </div> | | | | |
| d. Where was this person living during most of the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; padding: 2px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8218</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else </div> </td> <td style="width: 50%; padding: 2px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8220</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else </div> </td> </tr> </tbody> </table> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8218</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else </div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8220</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else </div> | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">8218</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else </div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8220</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else </div> | | | | |
| e. How much did . . . pay for the support of this person during the past 12 months? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; padding: 2px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8222</div> <div style="margin-left: 5px;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">00</div> x1 <input type="checkbox"/> DK </div> </td> <td style="width: 50%; padding: 2px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8224</div> <div style="margin-left: 5px;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">00</div> x1 <input type="checkbox"/> DK </div> </td> </tr> </tbody> </table> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8222</div> <div style="margin-left: 5px;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">00</div> x1 <input type="checkbox"/> DK </div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8224</div> <div style="margin-left: 5px;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">00</div> x1 <input type="checkbox"/> DK </div> | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">8222</div> <div style="margin-left: 5px;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">00</div> x1 <input type="checkbox"/> DK </div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8224</div> <div style="margin-left: 5px;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">00</div> x1 <input type="checkbox"/> DK </div> | | | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">CHECK ITEM T9</div> <div style="margin-left: 10px;">Is the entry in 4b "03" or more?</div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8226</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T10</i> </div> | | | | |
| 5. How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already? | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8228</div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> | | | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">CHECK ITEM T10</div> <div style="margin-left: 10px;"> Refer to section 1, item 27g, page 10. Did . . . have a family plan health insurance policy? </div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;">8230</div> <div style="margin-left: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to part C, page 52</i> </div> | | | | |

| | |
|--|--|
| Section 5 – TOPICAL MODULES (Continued) | |
| Part B – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued) | |
| 6a. We recorded earlier that . . . had a family plan health insurance policy. Did that policy cover anybody who did not live in . . .’s household? | <div>8232</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No — SKIP to part C, page 52</div></div> |
| b. How many persons outside of . . .’s household were covered by . . .’s policy? | <div>8234</div> <div><div><div><div></div><div></div></div>Number</div><div>x1 <input type="checkbox"/> DK</div></div> |
| c. How were these persons related to . . .? Mark (X) all that apply. | <div>8236</div> <div><div><div>8238</div><div>8240</div></div><div><div><input type="checkbox"/> Children</div><div><input type="checkbox"/> Spouse</div><div><input type="checkbox"/> Other</div></div></div> |
| NOTES | |

Section 5 – TOPICAL MODULES (Continued)

Part C – JOB OFFERS

CHECK
ITEM T11

Refer to section 1, item 2a (page 2) or
7a (page 3).
Did . . . spend any time during the
reference period looking for work or on
layoff?

8300

- 1 ☐ Yes
2 ☐ No – SKIP to part D, page 53

1. We noted earlier that . . . spent some time looking
for work or on layoff during the past 4 months.
During that time did . . . receive any job offers that
. . . did not take?

8302

- 1 ☐ Yes
2 ☐ No – SKIP to part D, page 53

2. What is the main reason . . . did not accept the
(most recent) job offer?

Mark (X) only one box.

8304

- 1 ☐ Did not want that kind of work
2 ☐ Pay too low
3 ☐ Job too far away
4 ☐ Lack transportation
5 ☐ Job was only temporary
6 ☐ Couldn't arrange child care
7 ☐ Hours were not satisfactory
8 ☐ Other job conditions were not satisfactory
9 ☐ Inadequate benefits
10 ☐ Other – Specify

3. What wage or salary was offered?

8306

\$ Per hour

OR

8308

\$ Per week

OR

8310

\$ Per month

OR

8312

\$ Per year

OR

8314

- x1 ☐ DK
x2 ☐ Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – HEALTH STATUS AND UTILIZATION OF HEALTH CARE SERVICES

| | | |
|--|------|--|
| These next few questions are about . . . 's health. | 8316 | 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor |
| 1. Would you say . . . 's health in general is excellent, very good, good, fair, or poor? | | |
| 2a. During the past 12 months, was . . . a patient in a hospital overnight or longer? | 8318 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3 |
| b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months? | 8320 | <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK |
| c. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)? | 8322 | 1 <input type="checkbox"/> Yes, military 2 <input type="checkbox"/> Yes, VA 3 <input type="checkbox"/> Yes, both military and VA 4 <input type="checkbox"/> No |
| d. How many nights in all did . . . spend in a hospital during the past 12 months? | 8324 | <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK |
| e. How many of these nights were in the past 4 months? | 8326 | x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None |
| 3. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.) | 8328 | x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None |
| 4a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.) | 8330 | <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None } SKIP to 5a |
| b. How many of these visits or calls were in the past 4 months? | 8332 | <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None |
| 5a. Is there a particular clinic, health center, doctor's office or some other place where . . . usually goes if . . . is sick or needs advice about . . . 's health? | 8334 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T12 |
| b. To what kind of place does . . . usually go? Mark (X) only one. | 8336 | 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Other — Specify _____ |

| Section 5 – TOPICAL MODULES (Continued) | | |
|---|--|--|
| Part D – HEALTH STATUS AND UTILIZATION OF HEALTH CARE SERVICES (Continued) | | |
| CHECK ITEM T12 | <div>Refer to item 27a, page 10.</div> <div>Is . . . covered by a private health insurance plan?</div> | <div>8338</div> <div>1 <input type="checkbox"/> Yes – SKIP to part E, page 55</div> <div>2 <input type="checkbox"/> No</div> |
| CHECK ITEM T13 | <div>Is “Medicare” (code 172) or “Medicaid” (code 173) marked on the ISS?</div> | <div>8340</div> <div>1 <input type="checkbox"/> Yes – SKIP to part E, page 55</div> <div>2 <input type="checkbox"/> No</div> |
| <div>6. I have recorded that . . . is not covered by a health insurance plan. Is that correct?</div> | | <div>8342</div> <div>1 <input type="checkbox"/> Correct</div> <div>INCORRECT – COVERED BY</div> <div>2 <input type="checkbox"/> CHAMPUS</div> <div>3 <input type="checkbox"/> CHAMPVA</div> <div>4 <input type="checkbox"/> Some other plan</div> <div>} SKIP to part E, page 55</div> |
| <div>(SHOW FLASHCARD GG)</div> <div>7. Which answer on this card best describes why . . . is not covered by health insurance?</div> <div>Mark (X) only one.</div> | | <div>8344</div> <div>1 <input type="checkbox"/> Job layoff, job loss, or any reasons related to unemployment</div> <div>2 <input type="checkbox"/> Employer does not offer health insurance</div> <div>3 <input type="checkbox"/> Can’t obtain health insurance because of poor health, illness, or age</div> <div>4 <input type="checkbox"/> Too expensive; can’t afford health insurance</div> <div>5 <input type="checkbox"/> Dissatisfied with previous health insurance</div> <div>6 <input type="checkbox"/> Don’t believe in health insurance</div> <div>7 <input type="checkbox"/> Have been healthy; not much sickness in the family; haven’t needed health insurance</div> <div>8 <input type="checkbox"/> Able to go to VA or military hospital for medical care</div> <div>9 <input type="checkbox"/> Covered by some other health plan</div> <div>10 <input type="checkbox"/> Other – Specify ↓</div> |
| <div>NOTES</div> | | |

| Section 5 — TOPICAL MODULES (Continued) | | |
|---|--|---|
| Part E — LONG-TERM CARE | | |
| 1. Were there times in the past month when . . . needed help with things like personal care, housework, preparing meals, or getting to the store or doctor because . . . had a health problem or condition? | 8400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a | |
| 2. Did . . . need help because of a health condition that has lasted or will last 3 months or longer? | 8402 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a | |
| 3a. Did . . . need help from others in looking after personal needs such as dressing, undressing, eating, or personal hygiene? | 8404 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4a | |
| b. Who helped . . . with such things? Anyone else? (Mark up to two helpers; one in each column. If only one helper, mark first column.) | FIRST HELPER RELATIVE 8406 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative | SECOND HELPER RELATIVE 8408 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative |
| ASK OR VERIFY — c. Is (Person mentioned above) a household member? | 8410 1 <input type="checkbox"/> Yes Person number 8414 <input type="text"/> <input type="text"/> <input type="text"/> 8418 2 <input type="checkbox"/> No | 8412 1 <input type="checkbox"/> Yes Person number 8416 <input type="text"/> <input type="text"/> <input type="text"/> 8420 2 <input type="checkbox"/> No |
| 4a. Because of . . . 's health, did . . . need help with housework such as washing dishes, straightening up, or light cleaning? | 8422 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a | |
| b. Who helped . . . with such things? Anyone else? (Mark up to two helpers; one in each column. If only one helper, mark first column.) | FIRST HELPER RELATIVE 8424 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative | SECOND HELPER RELATIVE 8426 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative |
| ASK OR VERIFY — c. Is (Person mentioned above) a household member? | 8428 1 <input type="checkbox"/> Yes Person number 8432 <input type="text"/> <input type="text"/> <input type="text"/> 8436 2 <input type="checkbox"/> No | 8430 1 <input type="checkbox"/> Yes Person number 8434 <input type="text"/> <input type="text"/> <input type="text"/> 8438 2 <input type="checkbox"/> No |
| NOTES | | |

Section 5 – TOPICAL MODULES (Continued)

Part E – LONG-TERM CARE (Continued)

5a. Because of . . . 's health or condition, did . . . need help to prepare meals?

8440

- 1 ☐ Yes
2 ☐ No — SKIP to 6a

b. Who helped . . . with such things?
Anyone else?

(Mark up to two helpers; **one** in each column. If only one helper, mark first column.)

FIRST HELPER

SECOND HELPER

RELATIVE

8442

- 1 ☐ Son
2 ☐ Daughter
3 ☐ Other relative

NONRELATIVE

- 4 ☐ Friend or neighbor
5 ☐ Employee
6 ☐ Other nonrelative

RELATIVE

8444

- 1 ☐ Son
2 ☐ Daughter
3 ☐ Other relative

NONRELATIVE

- 4 ☐ Friend or neighbor
5 ☐ Employee
6 ☐ Other nonrelative

ASK OR VERIFY —

c. Is (Person mentioned above) a household member?

8446

- 1 ☐ Yes →
Person number

8450

8454

- 2 ☐ No

8448

- 1 ☐ Yes →
Person number

8452

8456

- 2 ☐ No

d. During the past 4 months, did . . . receive any meals provided by a community service, either delivered to the home or served in a group setting?

8458

- 1 ☐ Yes
2 ☐ No — SKIP to 6a

e. How many meals a week did . . . usually receive?

8460

x1 ☐ DK

6a. Did . . . need help from another person in order to get around outside the house?

8462

- 1 ☐ Unable to leave the house — SKIP to 7a
2 ☐ Yes
3 ☐ No — SKIP to 7a

b. Who helped . . . with such things?
Anyone else?

(Mark up to two helpers; **one** in each column. If only one helper, mark first column.)

FIRST HELPER

SECOND HELPER

RELATIVE

8464

- 1 ☐ Son
2 ☐ Daughter
3 ☐ Other relative

NONRELATIVE

- 4 ☐ Friend or neighbor
5 ☐ Employee
6 ☐ Other nonrelative

RELATIVE

8466

- 1 ☐ Son
2 ☐ Daughter
3 ☐ Other relative

NONRELATIVE

- 4 ☐ Friend or neighbor
5 ☐ Employee
6 ☐ Other nonrelative

ASK OR VERIFY —

c. Is (Person mentioned above) a household member?

8468

- 1 ☐ Yes →
Person number

8472

8476

- 2 ☐ No

8470

- 1 ☐ Yes →
Person number

8474

8478

- 2 ☐ No

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part E — LONG-TERM CARE (Continued)

| | | |
|--|---|---|
| 7a. Did . . . need the help of another person for keeping track of money and bills? | 8480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 8a | |
| b. Who helped . . . with such things? Anybody else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i> | FIRST HELPER | SECOND HELPER |
| | RELATIVE 8482 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative | RELATIVE 8484 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative |
| ASK OR VERIFY — C. Is (Person mentioned above) a household member? | 8486 1 <input type="checkbox"/> Yes Person number 8490 <input type="text"/> <input type="text"/> <input type="text"/> 8492 2 <input type="checkbox"/> No | 8488 1 <input type="checkbox"/> Yes Person number 8491 <input type="text"/> <input type="text"/> <input type="text"/> 8493 2 <input type="checkbox"/> No |
| ASK OR VERIFY — 8a. During the past month did . . . (or . . . 's family) pay for any of the help that . . . received? | 8494 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T14 | |
| b. How much was paid for such help during (Read last month)? | 8496 \$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK | |
| CHECK ITEM T14 Refer to 6a. Was . . . unable to leave the house or did . . . need help to get around outside the house? | 8498 1 <input type="checkbox"/> Yes — SKIP to part F, page 59 2 <input type="checkbox"/> No | |
| These next few questions concern helping others with personal care, housework, meal preparation, shopping, or getting around outside the home. 9a. During the past month, did . . . give this kind of help to anyone outside of . . . 's household? | 8500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to part F, page 59 | |
| b. How many persons did . . . help in this way? | 8502 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three or more | |

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part E — LONG-TERM CARE (Continued)

9c. How was (were) this person (these people) related to . . . ?

8504 FIRST PERSON HELPED

- 1 ☐ Parent
- 2 ☐ Brother/sister
- 3 ☐ Child
- 4 ☐ Grandparent
- 5 ☐ Other relative
- 6 ☐ Not a relative

8506 SECOND PERSON HELPED

- 1 ☐ Parent
- 2 ☐ Brother/sister
- 3 ☐ Child
- 4 ☐ Grandparent
- 5 ☐ Other relative
- 6 ☐ Not a relative

8508 THIRD PERSON HELPED

- 1 ☐ Parent
- 2 ☐ Brother/sister
- 3 ☐ Child
- 4 ☐ Grandparent
- 5 ☐ Other relative
- 6 ☐ Not a relative

10. During the last month did . . . give any of the following kinds of help?

- a. Help someone dress, eat, bathe, or get to the bathroom?
- b. Help someone with housework such as washing dishes, straightening up, or light cleaning?
- c. Prepare a meal?
- d. Take someone shopping, to a doctor, or somewhere else outside the home?
- e. Help someone by keeping track of their money or bills?

YES NO

8510 1 ☐ 2 ☐

8512 1 ☐ 2 ☐

8514 1 ☐ 2 ☐

8516 1 ☐ 2 ☐

8518 1 ☐ 2 ☐

11. During the past month, about how many days were there when . . . gave personal care help to someone?

8520 Days
x1 ☐ DK

12. During the past month, about how many hours a week did . . . spend providing personal care help?

(Enter "99" if 100 or greater.)

8522 Hours
x1 ☐ DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part F – DISABILITY STATUS OF CHILDREN

| | | | | | | | | |
|---|---|---|--|--|---|--|--|--|
| CHECK ITEM T15 | Refer to cc , item 27. Is . . . the designated parent or guardian of children under 18 who live in the household? | 8600 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item M1, page 60 | | | | | | |
| 1 a. Do any of . . . 's children (under 18) in this household, have a long lasting physical condition that limits their ability to walk, run, or play? | 8602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a | | | | | | | |
| b. Which children? Enter children by age, oldest first. | 8604 Person No. <table><tr><td></td><td></td><td></td></tr></table> Name _____ | | | | 8606 Person No. <table><tr><td></td><td></td><td></td></tr></table> Name _____ | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 a. Do any of . . . 's children (under 18) have a long lasting mental or emotional problem that limits their ability to learn (or do regular schoolwork)? | 8610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T16 | | | | | | | |
| b. Which children? Enter children by age, oldest first. | 8612 Person No. <table><tr><td></td><td></td><td></td></tr></table> Name _____ | | | | 8614 Person No. <table><tr><td></td><td></td><td></td></tr></table> Name _____ | | | |
| | | | | | | | | |
| | | | | | | | | |
| CHECK ITEM T16 | Are any children 5–17 years old listed in 1b or 2b? | 8618 1 <input type="checkbox"/> Yes — Ask item 3 for each child 5–17 years old listed in 1b or 2b 2 <input type="checkbox"/> No — SKIP to Check Item M1, page 60 | | | | | | |
| 3. Is (Name of child) able to attend a regular school? Enter children by age, oldest first. | 8620 Person No. <table><tr><td></td><td></td><td></td></tr></table> Name _____ 8626 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | 8622 Person No. <table><tr><td></td><td></td><td></td></tr></table> Name _____ 8628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | |
| | | | | | | | | |
| | | | | | | | | |
| 8624 Person No. <table><tr><td></td><td></td><td></td></tr></table> Name _____ 8630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | | | | | | | | |
| | | | | | | | | |

NOTES